

Data Management Report

January 2017

Quality Management
Data Management Report

Table of Contents

- A** Demographics for HCBS Waiver Recipients
- B:** Transitions, Enrollment and Conversions
- C:** Protection From Harm
 - Complaints
 - Incidents
 - Investigations
- D:** Due Process / Freedom of Choice
- E:** Provider Qualifications / Monitoring
 - Day-Residential Providers
 - Personal Assistance
 - ISC Providers
 - Behavioral Providers
 - Nursing Providers
 - Therapy Providers
 - QA Summary
 - Personal Funds

A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027	2009	2015	2014	2010	2003						
Middle	1932	1924	1926	1923	1919	1916						
West	1138	1130	1124	1124	1125	1124						
Statewide	5097	5063	5065	5061	5054	5043	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255						
Unduplicated waiver participants.	5180	5183	5188	5194	5200	5200						
# of slots remaining for calendar year	75	72	67	61	55	55	0	0	0	0	0	0

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491	489	487	494	481	479						
Middle	527	524	524	524	517	516						
West	730	733	731	730	728	726						
Statewide	1748	1746	1742	1748	1726	1721	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923						
Unduplicated waiver participants.	1805	1806	1807	1807	1809	1811						
# of slots remaining for calendar year	118	117	116	116	114	112						

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404	406	404	403	399	397						
Middle	467	463	463	465	465	465						
West	373	368	369	368	367	367						
Statewide	1244	1237	1236	1236	1231	1229	0	0	0	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802						
Unduplicated waiver participants.	1312	1313	1313	1313	1313	1313						
# of slots remaining for calendar year	490	489	489	489	489	489						

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3	3	3	3	3	3						
Middle	1	1	1	0	0	0						
West	1	1	1	1	1	1						
HJC FAU (Forensic)	4	5	4	4	4	4						
HJC BSU (Behavior)	4	3	3	3	3	3						
Statewide	13	13	12	11	11	11	0	0	0	0	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0	0	0	0	0	0						
Middle	0	0	0	0	0	0						
West	0	0	0	0	0	0						
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
GVDC	60	58	57	57	55	50						
HJC- Day One (ICF)	6	6	7	7	8	6						
Total	66	64	64	64	63	56	0	0	0	0	0	0

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63	62	60	61	61	63						
Middle	36	36	36	35	36	36						
West	48	48	48	48	47	47						
TOTAL	147	146	144	144	144	146	0	0	0	0	0	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	8269	8263	8264	8229	8206	0	0	0	0	0	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	3027	3026	3032	3009	2995	0	0	0	0	0	0
Middle	2977	2962	2964	2961	2952	2946						
West	2290	2280	2273	2271	2268	2265	0	0	0	0	0	0
Total	8315	8269	8263	8264	8229	8206						

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
CAC	0	1	1	0	2	2							6
SD Waiver	10	1	0	0	0	0							11
Statewide Waiver	10	3	6	6	5	1							31
Total Waiver Enrollments	20	5	7	6	7	3							48

CAC Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0							0
Middle	0	1	0	0	1	1							3
West	0	0	1	0	1	1							3
Grand Total CAC Waiver	0	1	1	0	2	2							6

SD Waiver Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0							4
Middle	3	0	0	0	0	0							3
West	4	0	0	0	0	0							4
Grand Total SD Waiver	10	1	0	0	0	0							11

SD Waiver Aging Caregiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Aging Caregiver is included in Total SD Waiver Count Above	East	2	1	0	0	0	0						3
	Middle	0	0	0	0	0	0						0
	West	1	0	0	0	0	0						1
	Total	3	1	0	0	0	0						4

Statewide Waiver Enrollments by Referral Source

Crisis	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0							4
Middle	1	0	0	1	0	1							3
West	2	0	1	0	1	0							4
Total	6	1	1	1	1	1							11

Secondary Enrollment Source of Crisis:

APS		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.	East	0	0	0	0	0	0							0
	Middle	0	0	0	0	0	0							0
	West	0	0	0	0	0	0							0
	Total	0	0	0	0	0	0							0
CHOICES		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
	East	0	0	0	0	0	0							0
	Middle	0	0	0	0	0	0							0
	West	1	0	0	0	0	0							1
	Total	1	0	0	0	0	0							1

CORRECTIONAL FACILITY	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0							0
Middle	0	0	0	0	0	0							0
West	0	0	0	0	0	0							0
Total	0	0	0	0	0	0							0

DCS Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	1	3	1	0	0							6
Middle	0	0	2	1	3	0							6
West	0	1	0	3	1	0							5
Total	1	2	5	5	4	0							17

DC Transitions into Statewide	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
GVDC	0	0	0	0	0	0							0
HJC	0	0	0	0	0	0							0
Total	0	0	0	0	0	0							0

ICF Transfer Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0							0
Middle	0	0	0	0	0	0							0
West	0	0	0	0	0	0							0
Total	0	0	0	0	0	0							0

MH Enrollments	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0							0
Middle	0	0	0	0	0	0							0
West	0	0	0	0	0	0							0
Total	0	0	0	0	0	0							0

PASRR NON NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0							0
Middle	0	0	0	0	0	0							0
West	0	0	0	0	0	0							0
Total	0	0	0	0	0	0							0

PASRR in NF	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0							0
Middle	0	0	0	0	0	0							0
West	0	0	0	0	0	0							0
Total	0	0	0	0	0	0							0

SD Waiver Transfers	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	1	0	0	0	0	0							1
Middle	1	0	0	0	0	0							1
West	1	0	0	0	0	0							1
Total	3	0	0	0	0	0							3

Total by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	5	2	3	1	0	0							11
Middle	2	0	2	2	3	1							10
West	3	1	1	3	2	0							10
Grand Total Statewide Waiver	10	3	6	6	5	1							31

Analysis

There were 3 waiver enrollments for December 2016. 0 individuals were enrolled into the SD waiver. 1 individual was enrolled into the Statewide waiver. 2 individuals were enrolled into the CAC waiver.

CAC Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	1	0	0	0	1							4
Involuntary- Death	13	1	2	6	7	7							36
Involuntary- Safety	0	0	0	1	0	0							1
Involuntary- Incarceration	2	0	0	0	1	0							3
Involuntary- NF > 90 Days	0	0	0	0	0	0							0
Involuntary- Out of State	0	0	0	0	0	0							0
Total Disenrolled	17	2	2	7	8	8							44

SD Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	0	1	2	2	3	3							11
Involuntary- Death	0	2	2	1	0	1							6
Involuntary- Safety	0	0	0	0	0	0							0
Involuntary- Incarceration	0	0	0	0	0	0							0
Involuntary- NF > 90 Days	0	0	0	0	0	0							0
Involuntary- Out of State	2	0	0	0	0	0							2
Total Disenrolled	2	3	4	3	3	4							19

Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	3	5	3	3	2							18
Involuntary- Death	10	11	7	10	5	13							56
Involuntary- Safety	0	0	0	0	0	0							0
Involuntary- Incarceration	0	0	0	1	0	0							1
Involuntary- NF > 90 Days	1	0	0	0	0	0							1
Involuntary- Out of State	0	0	0	0	1	0							1
Total Disenrolled	13	14	12	14	9	15							77

Analysis:

There were 4 discharged from the SD Waiver.

Census reflects the number of people in the facility on the last day of the month.

Greene Valley	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census [June 2016 60]	60	58	57	57	55	50							
Discharges													
Death	0	1	0	0	0	0							1
Transition to another dev center	0	0	0	0	0	0							0
Transition to community state ICF	0	0	0	0	0	2							2
Transition to private ICF	0	1	1	0	2	3							7
Transition to waiver program	0	0	0	0	0	0							0
Transition to non DIDD srvs	0	0	0	0	0	0							0
Total Discharges	0	2	1	0	2	5							10

[illegible]

Harold Jordan Center	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14	14	14	15	13							
Admissions	FYTD												
HJC Day One (ICF)	0	0	0	0	0	0							0
HJC FAU (SF)	0	1	0	0	1	0							2
HJC BSU (SF)	0	0	0	0	1	0							1
Total Admissions	0	1	0	0	2	0							3
Discharges													
Death	0	0	0	0	0	0							0
Transition to community state ICF	0	0	0	0	0	0							0
Transition to private ICF	0	0	0	0	0	1							1
Transition to waiver program	0	1	0	0	1	1							3
Transition back to community	1	0	0	0	0	0							1
Total Discharges	1	1	0	0	1	2							5
East Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62	60	61	61	63							FYTD
Admissions	0	0	0	1	0	2							3
Discharges													
Death	0	1	2	0	0	0							3
Transition to another dev center	0	0	0	0	0	0							0
Transition to community state ICF	0	0	0	0	0	0							0
Transition to private ICF	0	0	0	0	0	0							0
Transition to waiver program	0	0	0	0	0	0							0
Transition to non DIDD srvs	0	0	0	0	0	0							0
Total Discharges	0	1	2	0	0	0							3
Middle Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36	36	35	36	36							FYTD
Admissions	0	0	0	0	1	0							1
Discharges													
Death	0	0	0	1	0	0							1
Transition to another dev center	0	0	0	0	0	0							0
Transition to public state ICF	0	0	0	0	0	0							0
Transition to private ICF	0	0	0	0	0	0							0
Transition to waiver program	0	0	0	0	0	0							0
Transition to non DIDD srvs	0	0	0	0	0	0							0
Total Discharges	0	0	0	1	0	0							1
West Public ICF Homes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48	48	48	47	47							FYTD
Admissions	0	0	0	0	0	0							0
Discharges													
Death	0	0	0	0	1	0							1
Transition to another dev center	0	0	0	0	0	0							0
Transition to public state ICF	0	0	0	0	0	0							0
Transition to private ICF	0	0	0	0	0	0							0
Transition to waiver program	0	0	0	0	0	0							0
Transition to non DIDD srvs	0	0	0	0	0	0							0
Total Discharges	0	0	0	0	1	0							1

Analysis:

For December 2016 HJC had 0 admissions and 2 discharges bringing the census to 13. ETCH had 0 discharges and 2 admissions which raised the census to 63. MTH had 0 admissions which held the census at 36 , WTCH had 0 discharges and 0 admissions which held the census to 47 and GVDC had 5 transitions, which decreased the census to 50.

D Protection From Harm/ Complaint Resolution												
Data Source:												
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.												

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1	0	0	0	0	0						
# from TennCare	0	0	0	0	0	0						
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A						
# from a Concerned Citizen	0	0	0	0	0	0						
% from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A						
# from the Waiver Participant	0	0	0	0	0	0						
% from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A						
# from a Family Member	0	0	0	0	0	0						
% from a Family Member	N/A	N/A	N/A	N/A	N/A	N/A						
# from Conservator	1	0	0	0	0	0						
% from Conservator	100%	N/A	N/A	N/A	N/A	N/A						
# Advocate (Paid)	0	0	0	0	0	0						
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A						
# from PTP Interview	0	0	0	0	0	0						
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4	12	10	7	4	11						
# from TennCare	0	0	0	0	0	0						
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A						
# from a Concerned Citizen	2	6	4	1	1	1						
% from a Concerned Citizen	50%	50%	40%	14%	25%	9%						
# from the Waiver Participant	0	0	0	1	0	2						
% from the Waiver Participant	N/A	N/A	N/A	14%	N/A	18%						
# from a Family Member	0	4	1	1	2	8						
% from a Family Member	N/A	33%	10%	14%	50%	73%						
# from Conservator	2	2	5	4	1	0						
% from Conservator	50%	17%	50%	57%	25%	N/A						
# Advocate (Paid)	0	0	0	0	0	0						
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A						
# from PTP Interview	0	0	0	0	0	0						
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2	6	1	2	5	5						
# from TennCare	0	0	0	0	0	1						
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A						
# from a Concerned Citizen	1	3	1	0	0	1						
% from a Concerned Citizen	50%	50%	100%	N/A	N/A	20%						
# from the Waiver Participant	1	0	0	0	0	1						
% from the Waiver Participant	50%	N/A	N/A	N/A	N/A	20%						
# from a Family Member	0	2	0	0	1	0						
% from a Family Member	N/A	33%	N/A	N/A	20%	N/A						
# from Conservator	0	1	0	2	4	3						
% from Conservator	N/A	17%	N/A	100%	80%	60%						
# Advocate (Paid)	0	0	0	0	0	0						
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A						
# from PTP Interview	0	0	0	0	0	0						
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Issue- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	1	0	0	0	0	0						
# Behavior Issues	0	0	0	0	0	0						
% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Day Service Issues	0	0	0	0	0	0						
% Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Environmental Issues	0	0	0	0	0	0						
% Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Financial Issues	0	0	0	0	0	0						
% Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Health Issues	0	0	0	0	0	0						
% Health Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Human Rights Issues	0	0	0	0	0	0						
% Human Rights Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# ISC Issues	0	0	0	0	0	0						
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# ISP Issues	0	0	0	0	0	0						
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Staffing Issues	1	0	0	0	0	0						
% Staffing Issues	100%	N/A	N/A	N/A	N/A	N/A						
# Therapy Issues	0	0	0	0	0	0						
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Transportation Issues	0	0	0	0	0	0						
% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Case Management Issues	0	0	0	0	0	0						
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Other Issues	0	0	0	0	0	0						
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Issue - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	4	12	10	7	4	11						
# Behavior Issues	0	0	1	0	0	0						
% Behavior Issues	N/A	N/A	10%	N/A	N/A	N/A						
# Day Service Issues	0	0	0	1	0	2						
% Day Service Issues	N/A	N/A	N/A	14%	N/A	18%						
# Environmental Issues	0	0	0	0	0	0						
% Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Financial Issues	0	3	3	0	0	1						
% Financial Issues	N/A	25%	30%	N/A	N/A	9%						
# Health Issues	0	2	1	0	1	2						
% Health Issues	N/A	17%	10%	N/A	25%	18%						
# Human Rights Issues	0	2	2	2	0	1						
% Human Rights Issues	N/A	17%	20%	29%	N/A	9%						
# ISC Issues	0	0	0	1	0	2						
% ISC Issues	N/A	N/A	N/A	14%	N/A	18%						
# ISP Issues	0	0	0	0	0	0						
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Staffing Issues	4	5	3	3	3	3						
% Staffing Issues	100%	42%	30%	43%	75%	27%						
# Therapy Issues	0	0	0	0	0	0						
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Transportation Issues	0	0	0	0	0	0						
% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Case Management Issues	0	0	0	0	0	0						
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Other Issues	0	0	0	0	0	0						
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A						

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6	1	2	5	5						
# Behavior Issues	0	1	0	0	0	0						
% Behavior Issues	N/A	17%	N/A	N/A	N/A	N/A						
# Day Service Issues	1	0	0	0	0	1						
% Day Service Issues	50%	N/A	N/A	N/A	N/A	20%						
# Environmental Issues	0	1	0	0	0	0						
% Environmental Issues	N/A	17%	N/A	N/A	N/A	N/A						
# Financial Issues	0	2	0	1	1	0						
% Financial Issues	N/A	33%	N/A	50%	20%	N/A						
# Health Issues	0	0	1	0	0	1						
% Health Issues	N/A	N/A	100%	N/A	N/A	20%						
# Human Rights Issues	1	1	0	0	0	1						
% Human Rights Issues	50%	17%	N/A	N/A	N/A	20%						
# ISC Issues	0	0	0	0	0	0						
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# ISP Issues	0	0	0	0	0	0						
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Staffing Issues	0	0	0	1	4	2						
% Staffing Issues	N/A	N/A	N/A	50%	80%	40%						
# Therapy Issues	0	0	0	0	0	0						
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Transportation Issues	0	1	0	0	0	0						
% Transportation Issues	N/A	17%	N/A	N/A	N/A	N/A						
# Case Management Issues	0	0	0	0	0	0						
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A						
# Other Issues	0	0	0	0	0	0						
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A						

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR December 2016 Report.

There were **(16) complaint issues** statewide by provider reports as documented in Crystal Reports. There was an increase of seven (7) from the previous month. There were **ZERO** SD Waiver complaints. There were **five (5)** complaint issues from the **CAC** waiver and **11** complaint issues for the **Statewide** Waiver. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those due, there was 100% compliance for resolving complaints within 30 days for the month of December 2016.

THE MAIN COMPLAINT ISSUES involved day services (3), health related (3), human rights (2), ISC (2), staff communication (2), staff supervision/management (2), staff training (1) and financial (1).

The agencies that had complaint issues filed were Angels Care (Middle), Arc of Washington (East), D&S (West), Divine Supports (Middle), Engstrom (West), Fulfillment Tender Care (Middle), Humane (Middle), Support Solutions of TN-(East), and Support Solutions of TN (West).

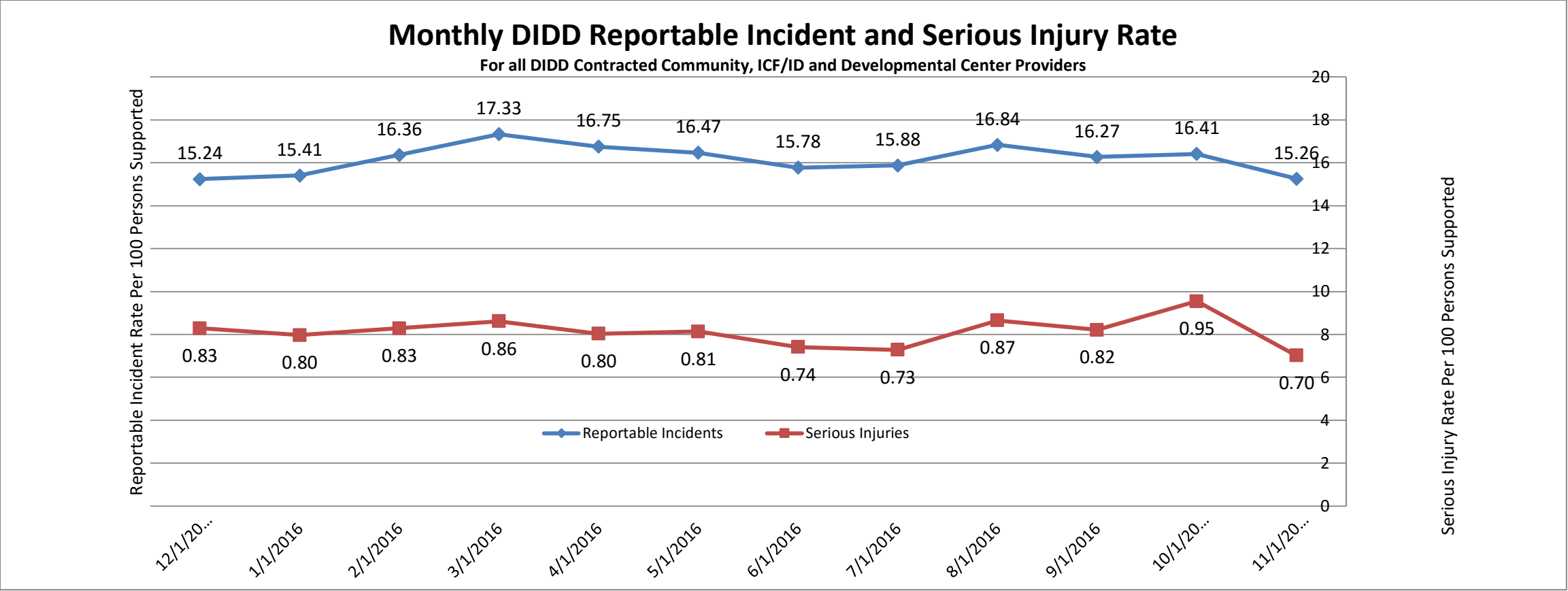
There were a total of **49 advocacy interventions** completed by the statewide CFS team in December. This is an increase of **(15)** interventions from the prior month. Advocacy interventions are activities conducted by CFS, as requested, that are not formal complaints documented in COSMOS. The issues included, but not limited to, staff communication, financial issues, environmental issues, human rights concerns, day services, health related issues, staff supervision/management, transitions, behavioral issues, staff training, supported employment, etc.

FOCUS GROUPS were held in Memphis and Jackson. There were approximately **219** participants in the two Focus Groups. The December Focus Groups in West TN were for the persons supported Christmas Celebration that included food, live music by West TN Family Solutions Choir, and all persons supported received gifts as donations by the West TN Regional Offices (Memphis and Jackson).

****Of note Middle Region’s Focus Groups have been placed on hold until another venue can be located. One Cannon Way is under reconstruction.**

****There were no Focus Groups held in East TN per the decision of the group due to the holiday.**

D								Protection From Harm/Incident Management						
Data Source:														
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.														
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.														
Incidents / East		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	497	508	533	570	586	540							3234
	Rate of Reportable Incidents per 100 people	15.00	15.32	16.17	17.299	17.75	16.45							16.3
	# of Serious Injuries	26	17	29	34	29	24							159
	Rate of Incidents that were Serious Injuries per 100 people	0.78	0.51	0.88	1.03	0.88	0.73							0.8
	# of Incidents that were Falls	35	29	37	38	34	33							206
	Rate of Falls per 100 people	1.06	0.87	1.12	1.15	1.03	1.01							1.0
	# of Falls resulting in serious injury	8	9	12	17	10	15							71
	% of serious injuries due to falls	30.8%	52.9%	41.4%	50.0%	34.5%	62.5%							45.4%
Incidents / Middle		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	520	529	569	464	479	415							2976
	Rate of Reportable Incidents per 100 people	16.12	16.3	17.62	14.356	14.83	12.89							15.4
	# of Serious Injuries	24	30	28	30	33	26							171
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.92	0.88	0.93	1.02	0.81							0.9
	# of Incidents that were Falls	25	54	32	46	49	38							244
	Rate of Falls per 100 people	0.78	1.66	0.99	1.42	1.52	1.18							1.3
	# of Falls resulting in serious injury	9	15	12	12	18	11							77
	% of serious injuries due to falls	37.5%	50.0%	42.9%	40.0%	54.5%	42.3%							44.5%
Incidents / West		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	409	404	416	432	414	415							2490
	Rate of Reportable Incidents per 100 people	16.36	16.17	16.71	17.41	16.69	16.75							16.7
	# of Serious Injuries	17	19	21	10	24	13							104
	Rate of Incidents that were Serious Injuries per 100 people	0.68	0.76	0.84	0.40	0.97	0.52							0.7
	# of Incidents that were Falls	22	28	34	12	33	29							158
	Rate of Falls per 100 people	0.88	1.12	1.37	0.48	1.33	1.17							1.1
	# of Falls resulting in serious injury	9	9	13	2	7	8							48
	% of serious injuries due to falls	52.9%	47.4%	61.9%	20.0%	29.2%	61.5%							45.5%
Incidents / Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	1426	1439	1518	1466	1479	1370							8698
	Rate of Reportable Incidents per 100 people	15.78	15.88	16.84	16.27	16.41	15.26							16.1
	# of Serious Injuries	67	66	78	74	86	63							434
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.73	0.87	0.82	0.95	0.70							0.8
	# of Incidents that were Falls	82	111	103	96	116	100							608
	Rate of Falls per 100 people	0.91	1.23	1.14	1.07	1.29	1.11							1.1
	# of Falls resulting in serious injury	26	33	37	31	35	34							196
	% of serious injuries due to falls	38.8%	50.0%	47.4%	41.9%	40.7%	54.0%							45.5%



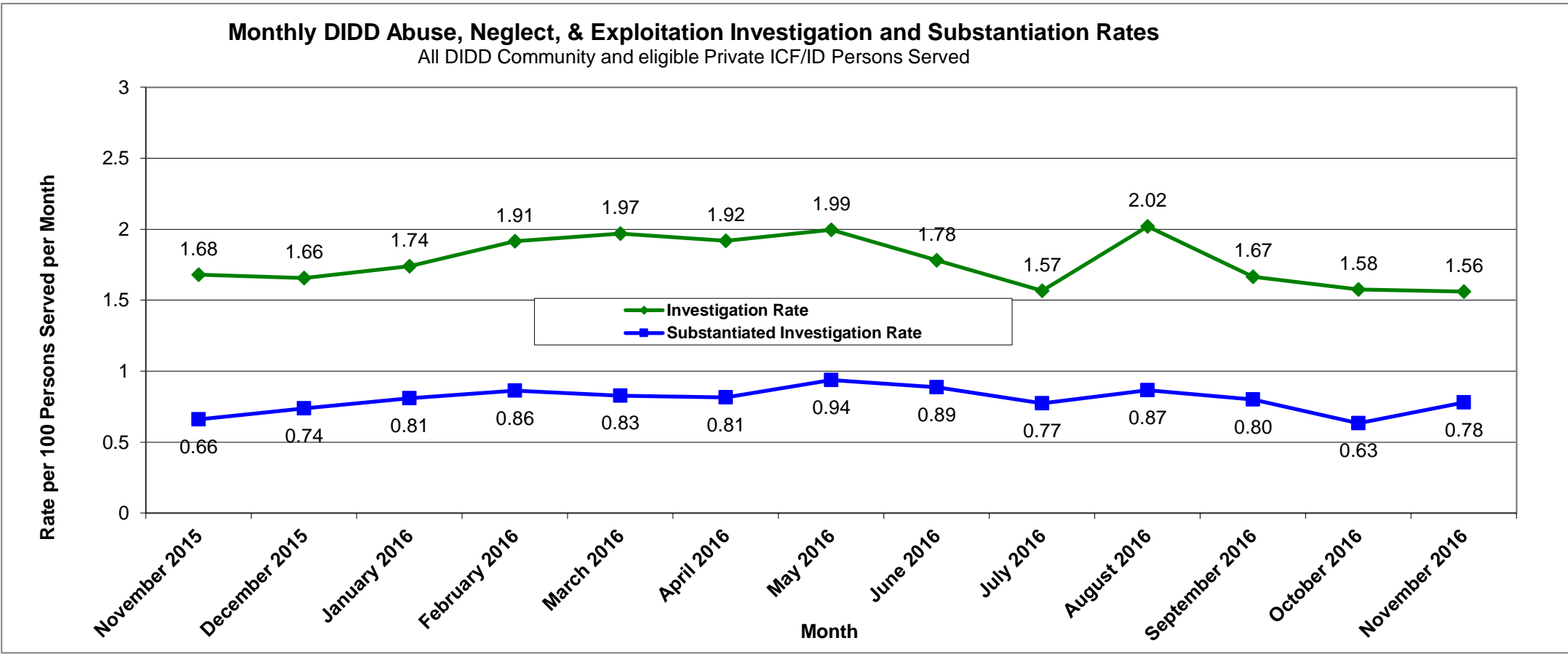
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for November 2016 decreased from 16.41 to 15.26. The rate of Serious Injury per 100 persons supported decreased from 0.95 to 0.70. The rate of Falls per 100 persons supported decreased from 1.29 to 1.11. The number of Serious Injuries due to Falls decreased slightly from 35 to 34. The percentage of Serious Injuries due to Falls was 54.0%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for December 2014 – November 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, December 2014 – November 2015, was 15.54 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, December 2015 – November 2016, is 16.17 per 100 persons supported. Analysis showed an increase of 0.63 in the average incident rate.

D	Protection From Harm/Investigations												
East Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3314	3317	3296	3295	3302	3282						
# of Investigations		52	41	49	36	38	36						
Rate of Investigations per 100 people		1.57	1.24	1.49	1.09	1.15	1.10						
# of Substantiated Investigations		23	19	11	12	17	19						
Rate of Substantiated Investigations per 100 people		0.69	0.57	0.33	0.36	0.51	0.58						
Percentage of Investigations Substantiated		44%	46%	22%	33%	45%	53%						
Middle Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3225	3245	3230	3232	3229	3220						
# of Investigations		60	58	79	57	51	56						
Rate of Investigations per 100 people		1.86	1.79	2.45	1.76	1.58	1.74						
# of Substantiated Investigations		36	36	41	29	22	31						
Rate of Substantiated Investigations per 100 people		1.12	1.11	1.27	0.90	0.68	0.96						
Percentage of Investigations Substantiated		60%	62%	52%	51%	43%	55%						
West Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		2500	2499	2489	2482	2480	2477						
# of Investigations		49	43	54	57	53	48						
Rate of Investigations per 100 people		1.96	1.72	2.17	2.30	2.14	1.94						
# of Substantiated Investigations		21	15	26	31	18	20						
Rate of Substantiated Investigations per 100 people		0.84	0.60	1.04	1.25	0.73	0.81						
Percentage of Investigations Substantiated		43%	35%	48%	54%	34%	42%						
Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		9039	9061	9015	9009	9011	8979						
# of Investigations		161	142	182	150	142	140						
Rate of Investigations per 100 people		1.78	1.57	2.02	1.67	1.58	1.56						
# of Substantiated Investigations		80	70	78	72	57	70						
Rate of Substantiated Investigations per 100 people		0.89	0.77	0.87	0.80	0.63	0.78						
Percentage of Investigations Substantiated		50%	49%	43%	48%	40%	50%						



D	Protection From Harm/Investigations
Analysis:	

PFH Analysis: Investigations

Chart: Monthly Rates: Investigations Opened/Substantiated

During the month of November, 2016, 140 investigations were completed across the State. Thirty-six (36) of these originated in the East Region, fifty-six (56) in the Middle Region, and forty-eight (48) in the West Region. Middle had the greatest change in the number of cases opened, from 51 to 56 cases. East and West dropped in the number of investigations opened, by 2 and 5 investigations respectively.

Statewide, investigations were opened at a rate of 1.56 investigations per 100 people served. The twelve month average is 1.78 investigations per 100 people served. The East Region opened investigations at a rate of 1.10 investigations per 100 people served. East’s twelve month average is 1.74 investigations per 100 people served. The Middle Region opened investigations at a rate of 1.58 investigations per 100 people served, and the average for the last 12 months is 1.88. The West Region opened investigations at a rate of 1.94 per 100 people served and their average for the past twelve months is 2.1.

Seventy (70), or 50%, of the 140 investigations opened statewide in November, 2016, were substantiated for abuse, neglect, or exploitation. This was an increase in percentage as compared to the prior reporting period, which was 57 and 40%. The Middle Region substantiated investigations at the highest percentage of 55% per 100 people (31 substantiated investigations), compared to the 53% substantiated in the East Region (19 substantiated investigations), and the 42% substantiated in the West Region (20 substantiated investigations). The statewide average for the past 12 months is 46%. The monthly average by region for the past 12 months is 41% East Region, 53% Middle Region, and 40 % West Region.

These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at 0.78 during November, 2016. The Middle Region substantiated investigations at the highest rate per 100, with .96 substantiated investigations per 100 people served. The West Region substantiated investigations at the rate per 100, with .81 substantiated investigations per 100 people served. The East Region substantiated investigations was .58. The statewide percentage of investigations substantiated for the past 12 months is 45.58%; East Region is 41%, Middle 53%, and West 40%.

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706	2677	2759	2475	2268	2225						
Total Adverse Actions (Incl. Partial Approvals)	46	36	36	36	25	43						
% of Service Requests Resulting in Adverse Actions	2%	1%	1%	2%	1%	2%						
Total Grier denial letters issued	24	30	23	22	21	34						
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0						
Termination	0	0	0	0	0	0						
Reduction	0	0	0	0	0	0						
Suspension	0	0	0	0	0	0						
Total Received	0	0	0	0	0	0						
DENIAL OF SERVICE												
Total Received	0	0	0	0	0	0						
Total Grier Appeals Received	0	0	0	0	0	0						
Total Non-Grier Appeals Received	0	0	0	0	0	0						
Total appeals overturned upon reconsideration	0	0	0	0	0	0						
TOTAL HEARINGS	4	0	1	0	0	1						
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0						
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0						
Other	1	0	0	0	0	0						
Total Directives Received	1	1	0	0	0	0						
Overturned Directives	0	1	0	0	0	0						
MCC Directives	0	0	0	\$0	0	0						
Cost Avoidance (Estimated)	\$17,064	\$0	\$0	\$0	\$0	\$0						
LATE RESPONSES												
Total Late Responses	0	0		0	0	0						
Total Days Late	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	0	0	0	0	0	0						
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
*fine amount is based on timely responses						0						
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	6	0	1	2	1						
Continuing Delay Issues (Unresolved)	3	4	5	2	2	4						
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298	2805	2769	2986	2348	2480						
Total Adverse Actions (Incl. Partial Approvals)	234	143	139	100	87	106						
% of Service Requests Resulting in Adverse Actions	7%	5%	5%	3%	4%	4%						
Total Grier denial letters issued	76	77	88	65	55	71						
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0						
Termination	0	0	0	0	0	0						
Reduction	0	0	0	0	0	0						
Suspension	0	0	0	0	0	0						
Total Received	1	0	0	1	0	0						
DENIAL OF SERVICE												
Total Received	3	7	5	4	4	4						
Total Grier Appeals Received	4	7	5	5	4	4						
Total Non-Grier Appeals Received	0	0	0	0	0	0						
Total appeals overturned upon reconsideration	0	0	2	0	0	0						
TOTAL HEARINGS	2	1	0	3	3	1						
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0						
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0						
Other	1	0	1	0	0	0						
Total Directives Received	1	0	1	0	0	0						
Overturned Directives	0	0	0	0	0	0						
MCC Directives	0	0	0	0	0	0						
Cost Avoidance (Estimated)	\$32,226	\$0	\$0	\$0	\$0	\$0						
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0						
Total Days Late	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1	0	0	0	1	0						
Continuing Delay Issues (Unresolved)	1	1	0	0	1	0						
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0						
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0						

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503	2079	1649	2384	2226	2159						
Total Adverse Actions (Incl. Partial Approvals)	71	152	83	172	180	150						
% of Service Requests Resulting in Adverse Actions	5%	7%	5%	7%	8%	7%						
Total Grier denial letters issued	96	126	112	105	112	105						
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0						
Termination	0	0	0	0	0	0						
Reduction	0	0	0	0	0	0						
Suspension	0	0	0	0	0	0						
Total Received	0	0	0	0	0	0						
DENIAL OF SERVICE												
Total Received	0	3	3	3	4	4						
Total Grier Appeals Received	0	3	3	3	4	4						
Total Non-Grier Appeals Received	0	0	0	0	0	0						
Total appeals overturned upon reconsideration	0	1	1	3	2	2						
TOTAL HEARINGS	2	2	1	0	0	0						
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0						
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0						
Other	0	0	0	0	0	0						
Total Directives Received	0	0	0	0	0	0						
Overturned Directives	0	0	0	0	0	0						
MCC Directives	0	0	0	0	0	0						
Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0						
Total Days Late	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	0	0	0	0	0	0						
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	0	2	1	1	1						
Continuing Delay Issues (Unresolved)	1	2	2	2	1	0						
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	7507	7561	7177	7845	6842	6864						
Total Adverse Actions (Incl. Partial Approvals)	351	331	258	308	292	299						
% of Service Requests Resulting in Adverse Actions	5%	4%	4%	4%	4%	4%						
Total Grier denial letters issued	196	233	223	192	188	210						
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0						
Termination	0	0	0	0	0	0						
Reduction	0	0	0	0	0	0						
Suspension	0	0	0	0	0	0						
Total Received	1	0	0	1	0	0						
DENIAL OF SERVICE												
Total Received	3	10	8	7	8	8						
Total Grier Appeals Received	4	10	8	8	8	8						
Total Non-Grier Appeals Received	0	0	0	0	0	0						
Total appeals overturned upon reconsideration	0	1	3	3	2	2						
TOTAL HEARINGS	8	3	2	3	3	2						
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0						
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0						
Other	2	1	1	0	0	0						
Total Directives Received	2	1	1	0	0	0						
Overturned Directives	0	0	0	0	0	0						
MCC Directives	0	0	0	0	0	0						
Cost Avoidance (Estimated)	\$49,290	\$0	\$0	\$0	\$0	\$0						
Cost Avoidance (Total Month-Estimated)	\$49,290	\$0	\$91,396	\$0	\$11,574	\$0						
Cost Avoidance (FY 2017-Estimated)	\$1,047,036	\$0	\$91,396	\$91,396	\$102,970	\$102,970						
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0						
Total Days Late	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
Total Defective Notices Received	0	0	0	0	0	0						
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0						
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5	3	2	2	4	2						
(Unresolved)	5	7	7	4	4	4						
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0						
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0						

Appeals:

The DIDD received 8 appeals in November, which is the same as the previous month. Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that November experienced a 29.8% decrease in volume based on this average.

The DIDD received 6864 service requests in November compared to 6842 received in October. The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that November experienced a 7.5% decrease in volume based on this average.

Directives:

No directives were received statewide in November.

Cost Avoidance:

There was no cost avoidance this month. Statewide, total cost avoidance is **\$102,970.14** for the fiscal year.

Sanctioning/fining issues:

There were no issues this month.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	15				163			
Total Census of Providers Surveyed	520				8268			
# of Sample Size	88				1111			
% of Individuals Surveyed	17%				13%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	80%	13%	6%	0%	87%	11%	1%	0%
Outcome B. Services and supports are provided according to the person's plan.	73%	13%	13%	0%	65%	28%	5%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	40%	53%	6%	0%	59%	34%	5%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	93%	6%	0%	0%	82%	16%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	94%	5%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	46%	53%	0%	0%	44%	49%	5%	1%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	95%	4%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	98%	1%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	69%	7%	15%	7%	76%	13%	8%	2%
Domain 5: Health								
Outcome A. The person has the best possible health.	66%	33%	0%	0%	71%	24%	4%	0%
Outcome B. The person takes medications as prescribed.	53%	46%	0%	0%	56%	30%	11%	2%
Outcome C. The person's dietary and nutritional needs are adequately met.	86%	6%	6%	0%	93%	6%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	98%	1%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	99%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	99%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	97%	2%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	95%	3%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	80%	6%	13%	0%	66%	27%	5%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	67%	30%	1%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	66%			33%
Outcome C. Provider staff are adequately supported.	86%	0%	13%	0%	70%	24%	3%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	93%	0%	0%	6%	92%	5%	0%	1%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	53%	33%	6%	6%	52%	38%	7%	1%
Outcome B. People's personal funds are managed appropriately.	50%	40%	0%	0%	43%	47%	7%	2%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month	2				9			
Total Census of Providers Surveyed	3				215			
# of Sample Size	3				35			
% of Individuals Surveyed	100%				16%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	77%	22%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	0%	0%	50%	1%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	50%	0%	0%	50%	1%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	0%	50%	50%	0%	33%	55%	11%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.					100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	0%	50%	0%	1%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	50%	0%	0%	50%	66%	22%	0%	11%
Indicator 9.B.2.: Provider staff have received	50%			50%	66%			33%
Outcome C. Provider staff are adequately supported.	0%	50%	0%	50%	66%	22%	0%	11%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	0%	50%	0%	50%	1%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD	50%	0%	0%	50%	100%	0%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month	15				15			
Total Census of Providers Surveyed	4276				4276			
# of Sample Size	271				271			
% of Individuals Surveyed	6%				6%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	93%	6%	0%	0%	93%	6%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	93%	6%	0%	0%	93%	6%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place are in place to protect the person from harm.	86%	13%	0%	0%	86%	13%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	86%	13%	0%	0%	86%	13%	0%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	81%			18%	81%			18%
Outcome C. Provider Staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	2				27			
Total Census of Providers Surveyed	93				1239			
# of Sample Size	11				144			
% of Individuals Surveyed	12%				12%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	33%	37%	25%	3%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	74%	14%	11%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	50%	0%	0%	18%	62%	14%	3%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	95%	4%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	50%	50%	0%	0%	81%	18%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					78%	14%	7%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	92%	3%	0%	3%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	44%	44%	11%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received	100%			0%	100%			0%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	88%	11%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				3			
Total Census of Providers Surveyed	1				8			
# of Sample Size	1				7			
% of Individuals Surveyed	100%				88%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	66%	33%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	33%	67%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	0%	0%	100%	0%	66%	0%	33%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	0%			100%	66%			33%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	4				27			
Total Census of Providers Surveyed	559				2081			
# of Sample Size	27				171			
% of Individuals Surveyed	5%				8%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	50%	50%	0%	0%	37%	51%	11%	0%
Outcome B. Services and supports are provided according to the person's plan.	50%	50%	0%	0%	29%	59%	11%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	50%	50%	0%	0%	33%	59%	7%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	81%	18%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	74%	22%	3%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	92%	7%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	96%	3%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	75%	25%	0%	0%	51%	40%	7%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	66%	33%	0%	0%	92%	7%	0%	0%
Indicator 9.B.2.: Provider staff have received	100%			0%	90%			9%
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	87%	12%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	75%	25%	0%	0%	85%	11%	3%	0%

QA Summary for QM Report (thru 12/2016 data)

Performance Overview- Calendar Year 2016 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	29%	25%	50%	87%	15%	67%	18%
Proficient	42%	42%	30%	13%	52%	33%	52%
Fair	26%	29%	10%	N/A	29%	N/A	30%
Significant Concerns	3%	4%	10%	N/A	4%	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	244	162	10	15	27	300%	27

Day / Residential Providers:

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Perfect Care Solutions, Helping Hands of TN, Sunrise Community of TN; Middle- Beyond Care Living, Choice Connections, Compassionate Care, Divine Supports, HCS Investors, Humane Assisting, Impact Centers, MillarRich, Sunrise Community of Tn; West- Helen R. Tucker Developmental Center, Jump N 4 Joy, MCK Behavior Services, Therapy and Learning Center.

Perfect Care Solutions: The 2016 QA survey was a consultative and was not scored.
The provider should focus efforts to ensure the following:

- Potential employees are screened. (Criminal and Abuse checks were completed after date of hire and Felony Offender checks were not dated).
- The Incident Review Committee (IRC) meets at the frequency approved by DIDD.
- There is coordination of health care services and supports among families, ISCs and health care providers.
- Medications are administered in accordance with physician’s orders.
- Agency policies include information on available day services.
- Provider staff receive appropriate training.
- Staff meet job-specific qualifications in accordance with the Provider Agreement.
- New members of the community Advisory Board are provided orientation.
- Personal Funds policies are implemented as required.

Sunrise Community of Tennessee, Inc.: The 2016 QA survey resulted in the agency receiving a score of 48. This places them in the proficient range of performance. This is the same survey score that they received in 2015. There were no changes to any domain scores.
The provider should focus efforts to ensure the following:

- A process for reviewing and monitoring the implementation of the plan is implemented.
- Documentation indicates appropriate monitoring of the plan’s implementation.
- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan (This is a repeat issue – Indicator 2.D.7).
- Incidents are reported in a timely manner.
- Needed health care services and supports are provided.
- Medication administration records are maintained as required.
- A monitoring process is implemented to ensure peoples’ dietary and nutritional needs are met.
- Services are provided and billed for in accordance with DIDD requirements.

A recoupment letter was sent to the provider on 12/15/16 in the amount of \$640.10. The recoupment was specific to issues noted with Community Based (CB) Day activities. There were instances in which 6 hours of billable activity was not evident.
Personal funds accounts: 9 accounts were reviewed, 1 contained issues. The provider should focus efforts to ensure: People do not pay late fees and logs do not contain calculation errors.

Helping Hands of TN, LLC-E: The 2016 QA survey resulted in the agency receiving a score of 44. This places them in the fair range of performance. Compared to their 2015 survey results, this is a 6-point decrease in compliance (50-Proficient in 2014). This decrease in compliance was specific to issues identified in Domains 9 (SC-PC) and 10 (SC-MC).

The provider should focus efforts to ensure the following:

- People receive services and supports as specified in their plans.
- Provision of services and supports are documented in accordance with the plan (This is a repeat issue – Indicator 2.B.5).
- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan.
- A system for obtaining back-up or emergency staff is implemented.
- Homes and work environments are assessed and reassessed regarding personal and environmental safety issues.
- A system of inspection and maintenance of vehicles used for transport is fully implemented.
- The Crisis Intervention Policy that has been approved by a Human Rights Committee.
- Abuse registry checks are completed in a timely manner.
- IRC minutes reflect the committee reviews incidents and provides appropriate recommendations.
- Documented proof of insurance is available.
- Pre-survey documents reflect personal funds management needs and waiver services provided.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.
- Staff receive ongoing supervision consistent with their job function.
- Services are provided and billed for in accordance with DIDD requirements.

A Sanction Warning letter was sent to the provider on December 20, 2016 regarding New Hire Staff Qualifications.

Personal funds accounts: There were no personal funds reviewed at this agency.

The agency requested a review of the 2016 survey results; however, the request was submitted late (beyond the 10 day time limit noted in the Provider Manual).

Middle Region:

Impact Centers, Inc.- Day/Res and Personal Assistance: The exit conference was held on December 6, 2016.

- Scored 50 Proficient on the 2016 QA Survey. Scored 50 Proficient on the 2015 QA Survey.
- Domain 5 decreased from Substantial to Partial Compliance.
- Domain 10 remained Partial Compliance.
- Domain 3 increased from Partial Compliance to Substantial Compliance.
- Outcome 3. C.- Criminal Background and the four State of Tennessee Registry checks were 100% compliant for the twenty new employees.
- Domain 5- Scored Partial Compliance due to specialty consults and follow-up examinations and/or treatments not completed timely. Psychotropic medication reviews did not occur per guidelines.
- Domain 9- New employee training was completed with a compliance rating of 100%. Tenured staff training was 89.5% compliant for CPR and First Aid for the twenty tenured staff reviewed.
- Domain 10- Scored Partial Compliance due to billing issues being identified for Community Based Day, Facility Based Day, and Supported Living services, recoupment occurred.
- Minor Personal Funds management issues were identified for four of the six individuals reviewed due to the lack of maintenance of receipts.

Compassionate Care- Day/Residential and Personal Assistance: The exit conference was held on December 6, 2016.

- Scored 54 Exceptional on the 2016 QA Survey. Scored 54 Exceptional on the 2015 Survey.
- Domain 9: For the fourteen new employees all training was 100% compliant. Tenured staff training was 95% compliant for the twenty staff reviewed.
- Domain 3: The background and State of Tennessee Registry checks were 100% compliant.
- No personal funds management issues were identified for the three individuals reviewed.

Sunrise- Day/Res, Nursing: The exit conference was held on December 9, 2016.

- Scored 52 Proficient on the 2016 QA survey. The agency scored 52 Proficient on the 2015 QA survey.
- Domain 2 decreased from Substantial to Partial Compliance.
- Domain 5 increased from Partial to Substantial Compliance.
- Domain 3: The background and State of Tennessee registry checks were 100% compliant.
- Domain 9: Training was 93.7% compliant or above for the new employees and 94.7% compliant for the 19 tenured staff.
- Domain 10: Minor Personal Funds Management issues were identified for two of the five people reviewed due to lack of maintenance of receipts.

Beyond Care- Day/Residential, Nursing, and Personal Assistance: The exit conference was held on December 2.

- Scored 38 Significant Concerns on the 2016 QA Survey. Scored 42 Fair on the 2015 QA Survey.
- Domains 2, 3, 4, 5, and 9 remained Partial Compliance.
- Domain 10 decreased from Partial Compliance to Non-Compliance.
- Domain 2- Issues were identified with Risk Issues Identification Tools not being completed as required, staff not being familiar with a person's Behavior Support Plan and interventions reported were inappropriate, and Independent Support Coordinators not notified regarding issues with ISPs.
- Domain 3- Issues were identified with under-reporting during the survey process, and a trend analysis of medication variance data was not completed.
- Criminal Background and the four State of Tennessee Registry checks were 92.3% compliant or above for the thirteen new employees.
- Outcome 4.D.- Scored Minimal Compliance due to restrictive interventions from a Behavior Support Plan being implemented but had not been reviewed by the Behavior Support Committee or the Human Rights Committee; psychotropic medications were also not reviewed by the Human Rights Committee.
- Domain 5- Scored Partial Compliance due to Physical and Occupational Therapy evaluations not followed up by the provider for one person, and information documenting hospitalization of this person was not available.
- Issues with unexplained omissions on the Medication Administration Records were identified.
- Outcome 5.C. Scored Minimal Compliance due to a Nutritional Plan of Care not being implemented for one person, staff indicated there was no special diet, food logs were not maintained, and the person has experienced a significant weight increase.
- Domain 9- Scored Partial Compliance- Outcome 9.A. Scored Minimal Compliance: Issues included the worker's compensation policy had expired, Self-Assessment activities were not completed, and an internal Quality Improvement Plan based on self-assessment data was not available.
- Training was at or above 90.9% compliant for all training modules for the new employees; tenured staff training was 100% compliant for the seven staff reviewed.
- Outcome 9.C. scored Minimal Compliance due to ongoing situations being identified in which the documentation of supervisory visits did not include the required information, there was no policy for the completion of nursing supervision, of supervision for the Licensed Practical Nurses.
- Domain 10- Scored Non Compliance due to numerous billing issues being identified regarding documentation of Community Based Day, Supported Living, Personal Assistance, and Transportation services. The agency is being referred to Risk Management.
- Personal Funds management issues were identified for the one individual reviewed due to the agency not having developed an accounting system. The bank account was not routinely reconciled, personal allowance logs were not maintained, and personal allowance spending was not recorded, budgets were not prepared, award letters for Social Security Administration or Food Stamps were not available, and household spending was not reported. There were advances outstanding to the provider, without an agreement regarding loan repayment, a copy of the lease was unavailable, personal property inventory did not have adequate descriptions, purchase dates, and values of the merchandise.

Divine Support- Day/Res, Personal Assistance: The exit conference was held on December 9, 2016.

- Scored 48 Proficient on the QA Survey. Scored 52 Exceptional on the 2015 QA Survey.
- Domains 4 and 5 decreased from Substantial to Partial Compliance.
- Domain 10 remains Partial Compliance.
- Domain 3: The agency was 100% compliant for background and State of Tennessee registry checks and training for the 2 new employees. Training for the 3 tenured employees was 100% compliant.
- Domain 4: Informed Consents for psychotropic medication and restrictive interventions were not obtained for one person, documentation of signatures on consents for two consecutive years did not match for another individual, and restrictive interventions were not reviewed by the HRC.
- Domain 5: The agency did not obtain physicians' orders for six months for one individual. Issues were also identified for medications changes not occurring as ordered, medications not administered as ordered, and incorrect dosages administered.
- Domain 10: Minor billing issues were identified due to billing for transportation not provided for two days and one day of incorrect staff ratios for SL4-2 services. Recoupment occurred. Personal Funds Management: minor issues were identified for one of the two people reviewed due to splits being miscalculated.

MillarRich- Day/Res, Nursing: The agency declined an exit conference.

- Scored 50 Proficient on the QA Survey. Was a 4 Star agency in 2015.
- Domains 5 and 10 scored Partial Compliance.
- Domain 3: Background and Tennessee Registry Checks was 97.4% compliant for 39 new employees.
- Domain 5: Several missing orders of insulin changes were identified, with doses of two types of insulin not being administered per orders. A Medication Administration Certification expired for one Family Model provider, who administered medications for three days. Discontinuations of medications were not completed appropriately and/or MARs did not document correct transcriptions.
- Domain 9: Training was 87.5% compliant in all modules for the new employees. 95% compliant for the twenty tenured staff reviewed.

Domain 10: Billing issues were identified for Hospital Sitter services for one individual due to documentation of the same staff providing services for 96 hours, recoupment occurred. Personal Funds Management issues were identified for 2 of the 5 individuals reviewed due to lack of maintenance of receipts and a questionable purchase of a steam cleaner.

Choice Connections- Day/Res: The exit conference was held on December 12, 2016.

- Scored 48 Proficient on the QA Survey. This is the agency's first full survey.
- Domains 2, 3, and 5 scored Partial Compliance.
- Domain 2: Monthly reviews were verbatim and did not provide sufficient information regarding the person's progress.
- Domain 3: Criminal Background, Abuse and Sex Offender Registry Checks were 100% compliant for the 5 new employees. Felony Offender and OIG checks were 0% compliant. A sanction warning occurred.
- Domain 5: Documented summary of behavioral information was not submitted to the prescribing practitioner during reviews of psychotropic medications. Documentation of the administration of an antibiotic was for 3 days as opposed to the 10 days prescribed.
- Domain 9: Training was 100% compliant for the new employees.
- Domain 10: No billing issues were identified.

Humane Assisting- Day/Res: The exit conference was held on December 19, 2016.

- Scored 46 Fair on the QA Survey. This is the agency's first full survey.
- Domains 4, 5, 9 and 10 scored Partial Compliance.
- Domain 3: For the nine new employees the criminal Background and State of Tennessee registry checks were 100% compliant.
- Domain 4: Outcome 4D scored Noncompliance due to lack of documentation of Informed Consent of psychotropic medications for the three people supported. No HRC review had been completed.
- Domain 5: Concerns were noted due to lack of a physical or dental exam for one person reviewed and two medications that were not initialed for seven days prior to the Quality Assurance home visit.
- Domain 9: The agency has not established a local Advisory Board.
- All training modules were 100% compliant.
- Domain 10: Billing issues for Supported Living Level 4 services were identified for one individual due to either being away from home or not having the proper staffing ratio, recoupment occurred.
- Personal Funds Management issues were identified for three of the three people reviewed due to the agency advancing money without advance payment agreements in place, late fees are being incurred, and receipts were not maintained.

Music City Care: (Initial consult.) The exit conference was held on December 19, 2016.

All requirements were reviewed.

- Domain 2: Needed therapy assessments were not available for staff use, residential services documentation did not reflect specific hours being worked by staff members. The ISP noted the use of "Blocking Pads" during episodes of physical aggression, agency staff report this is not occurring. There was no indication of efforts to address this issue with the Independent Support Coordinator.
- Domain 4: The agency is implementing a Behavior Support Plan which includes restricted procedures. There was no documentation of review of the Behavior Support Committee or HRC.
- Domain 5: A process for providing a documented summary of behavioral information to the prescribing practitioner during reviews of psychotropic medications was not in place.
- Domain 9: There was no Workers Compensation insurance policy in effect at the time of the consult. A process for Self-Assessment was not in place, nor was an internal Quality Improvement Plan. Supervisory visits were not conducted per requirements. The agency has not established a local Advisory Board.

West Region:

Jump N 4 Joy – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 12/9/16. The provider scored 54-Exceptional on their 2015 survey.

- The agency needs to ensure:
 - OIG List of Excluded Individuals & Entities checks are completed timely. A sanction warning for personnel practices was sent 12/30/16.
- Outcome 10A, billing, scored SC. No billing issues were identified.

Therapy & Learning Center – Therapy provider scored 50 of 54 / Proficient on the QA survey exited 12/1/16.

- The provider was a 3 Star Provider and was not surveyed in 2015; Compared to their 2014 survey results, this is a 2-point decrease in compliance (52-Proficient in 2014) related to issues identified in Domains 2 (PC-PC) and 3 (SC-PC).
- The agency needs to ensure:
 - Plans of Care include information to reflect progress has been made toward the stated goals, information that the person receiving services would benefit from the treatment being continued, POCs indicate the need for skilled treatment to continue, include information related to training that has been or needs to be completed, do not include conflicting information related to the current status of the person's progress, equipment, and plans, include an explanation of why functional outcomes do not change from year to year, include only abbreviations that are recognized by DIDD, address goals/objectives that are included in the ISP, and include goals that are consistently functional and measurable.
 - Contact notes reflect progress as stated in the goals, reflect progress in objective and measurable terms, and, when contact notes are combined with monthly progress notes, all required elements are included.
 - Monthly progress notes consistently indicate that skilled services were provided, include objective measurement of the person's response to treatment, information is consistent throughout the document, and documentation reflects progress from month to month.
 - Acceptable evidence of Criminal Background checks is obtained and filed.
 - Criminal background checks are conducted with the appropriate scope (statewide, not county).
 - TN Felony Offender Information List checks are conducted timely. A sanction warning for personnel practices was sent 12/30/16.
- Outcome 10A, billing, scored SC. One potential billing issue was noted; however, thanks to the QA auditor's intervention with the Office of Business Services, the issue was resolved with no recoupment warranted.
- Outcome 10B, personal funds management, was not reviewed, as neither the provider agency nor any paid staff is involved in management of the persons' funds.

Helen R. Tucker Adult Developmental Center – Residential/Day provider scored 50 of 54/Proficient on the QA survey exited 12/7/16.

- Compared to their 2015 survey results, this is a 2-point decrease in compliance (52-Exceptional in 2015) related to issues identified in Domains 2 (SC-PC) and 10 (PC-PC).
- The agency needs to ensure:
 - Documentation supports the provision of a six-hour day.
 - Monthly reviews are submitted timely to the ISC and include information regarding discrepancies between units used and units approved.
 - The agency Crisis Intervention Policy is reviewed by an HRC (this was also noted in the previous survey).
 - Consents for psychotropic medications are obtained timely .
 - HRC reviews of psychotropic medications are obtained timely.
 - For persons who receive supported employment, documentation supports that the provider made at least one contact per week with the person and at least one contact per month at the job site.
 - Self-assessment activities are completed according to the agency written process and all administrative staff are familiar with the self-assessment process.
 - Quality improvement planning is implemented.
 - Documentation is maintained which reflects orientation of new board members .
 - Documentation supports billing;
- Outcome 10A, billing, scored MC. Issues were primarily due to documentation not supporting provision of 6 hours of day services. This is a repeat issue from the previous survey. A recoupment letter was sent 12/30/16; rebills amounting to \$2048.48 were sent to CO on 1/6/17.
- Outcome 10B, personal funds management, scored SC. 2 of 4 people surveyed were due to be reimbursed for missing documentation.

MCK Behavior Services – Residential/Day and Behavior provider scored 52 of 54/Proficient on the QA survey exited 12/7/16.

- The provider scored 52-Proficient on their 2015 survey; issues in both surveys were identified in Domain 2 (PC-PC).
- The agency needs to ensure:
 - BSARs, AUs, BSPs, CSMRs, and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review. Some clinical quality criteria issues noted in AUs, BSPs, CSMRs, and CSQRs are repeats from the previous survey.
 - Applicants potentially meeting the definition of "prohibited staff" are not assigned to work until after an approved DIDD exemption has been received. A \$250/staff x 1 staff sanction for prohibited staff was sent 12/30/16.
 - All evidence of registry checks are maintained in the staff's files
 - Any use of personal funds for restitution is allowed only in accordance with the Personal Funds Management Policy, including HRC approval.
- Outcome 10A, billing, scored SC. No billing issues were identified.
- Outcome 10B, personal funds management, scored SC. No need for any reimbursement was identified and persons' funds were considered fully accounted for.

Personal Assistance: East- no reviews; Middle- Sitters, Etc., Wings Adult Services; West- no reviews.

Sitters, Etc.- Personal Assistance: The agency declined an exit conference.

- Scored 38 Proficient on the QA Survey. Scored 30 Fair on the 2015 survey.
- Domain 2 increased from Minimal to Substantial Compliance.
- Domains 3 and 9 increased from Minimal to Partial Compliance.
- Domain 3: No new staff were hired during the review period. The Incident Reporting Policy did not have complete instructions for reporting issues of Suspected Abuse, Neglect, or Exploitation to the office of Investigations. The Incident Management Committee did not meet at the required frequency.
- Domain 9: Supervisory visits for six months did not reflect the time of the visit. A Supervision plan reflective of DIDD standards was not in place. The Advisory Board did not meet quarterly as required.
- Issues identified with the tenured staff training were addressed in the 2015 survey.
- Domain 10: No billing issues were identified.

Wings Adult Services- Personal Assistance: The exit conference was held on December 23, 2016.

- Scored 22 Significant Concerns on the QA Survey. This is the agency's first full survey.
- Domains 2 and 3 scored Minimal Compliance.
- Domains 9 and 10 scored Noncompliance.
- Domain 2: Significant concerns were identified for each person reviewed regarding documentation of service provision; given the nconsistent methods employed, it was not possible to determine the deration of services or the actual supports provided. Daily notes were missing and time sheets were utilized. The agency does not have an effective process for verifying supports and services. Monthly Reviews were not completed as required. Documented communication was not maintained with the Individual Support Coordinators.
- Domain 3: Staff and family in one home reported the system for obtaining backup staff was not effective. A process for monitoring environmental issues was not implemented. A suitable format for documenting the resolution of concerns identified during Supervisory Visits has not been developed, and vehicle inspections did not occur per agency policy.
- The agency achieved a 33.3% compliance rate for Criminal Background Checks, the three State of Tennessee Registry Checks and for the Office of the Investigator General (OIG) List of Excluded Individuals and Entities for the three new employees. During the licensure survey on 11/30/16, the agency did not have a criminal background check for the one new employee. A sanction warning occurred.
- There were no signature sheets for the Incident Management Committee, and no way to verify who attended the meetings.
- Domain 9: There was no evidence to indicate that required Self-Assessment activities were completed, and no Quality Improvement Plan based upon this data was developed.
- CPR and First Aid was 100%, Protection from Harm was 33.3%, and all other modules were 0% compliant. A sanction warning occurred.
- Monthly Supervisory Visits were not completed for the majority of the survey period. The agency has not established a local Advisory Board.
- Domain 10: Significant billing issues were identified for Personal Assistance services. A referral to Risk Management will occur.

ISC Providers: East- ARC of Washington County, Community Network Services, Engstrom Services, Tennessee Community Services Agency, Vision Coordination Services; Middle: ARC of Williamson County, Community Development Center, Engstrom Services, Neighborhood Network, Tennessee Community Services Agency; West- Compass Coordination, Engstrom Services, Quality Care Support Coordination of West TN, Quality Support Coordination, Tennessee Community Services Agency.

East Region:

The ARC of Washington County: The 2016 QA survey resulted in the agency receiving a score of 30. This places them in the exceptional range of performance. This is the same survey score that they received in 2014. The ARC of Washington County was designated a 4-star agency in 2015.

Community Network Services: The 2016 QA survey resulted in the agency receiving a score of 28. This places them in the proficient range of performance. Compared to their 2014 survey results, this is a 2-point decrease in compliance (30-Exceptional in 2014). This decrease in compliance was specific to issues identified in Domain 9 (SC-PC). Community Network Services was designated a 4-star agency in 2015.

The provider should focus efforts to ensure the following:

- The ISC monitors implementation of the person's plan. (Performance measures SP-a.i.d.2 and SP-a.i.d.3 were noted at a compliance of 75%).
- Staff have received appropriate training.

A Sanction Warning letter was sent to the provider on December 22, 2016 regarding New Hire Staff Training.

Engstrom Services: The 2016 QA survey resulted in the agency receiving a score of 30. This places them in the exceptional range of performance. This is the same survey score that they received in 2015.

A Sanction Warning letter was sent to the provider on December 22, 2016 regarding New Hire Staff Training. It needs to be noted that this was due to one Secretary completing Protection From Harm Training late.

Personal funds accounts: There were no personal funds reviewed at this agency.

TN Community Services Agency: The 2016 QA survey resulted in the agency receiving a score of 30. This places them in the exceptional range of performance. This is the same survey score that they received in 2014. TNCSA designated a 4-star agency in 2015.

Vision Coordination: The 2016 QA survey resulted in the agency receiving a score of 30. This places them in the exceptional range of performance. Compared to their 2014 survey results, this is a 2-point increase in compliance (28-Proficent in 2014). This Increase in compliance was specific to improvements identified in Domain 9 (PC-SC). Vision Coordination was designated a 3-star agency in 2015.

Middle Region:

Engstrom Services- ISC: The exit conference was held on December 12, 2016.

Scored 30 Exceptional on the QA survey, was a 4 Star agency in 2015.

10 Waiver Reviews were completed.

Arc Williamson County- ISC: The exit conference was held on December 16, 2016.

Scored 30 Exceptional on the QA Survey, was a 4 Star agency in 2015.

3 Waiver Reviews were completed.

TN Community Services Agency- ISC: The exit conference was held on December 21, 2016.
Scored 26 Proficient on the QA survey. Scored 28 Proficient on the 2015 survey.
Domains 2 and 3 decreased from Substantial to Partial Compliance.
Domain 9 increased from Partial to Substantial Compliance.
Domain 2: The agency did not complete a Risk Analysis Planning Tool timely for one of the four individuals reviewed.
Domain 3: Background and the registry checks were 66.7% compliant for the 3 new staff. A sanction warning occurred.

Community Developmental Center- ISC: The exit conference was held on December 19, 2016.
The agency scored 30 Exceptional on the QA Survey, was a 4 Star agency in 2015.
12 Waiver Reviews were completed.

Neighborhood Network- ISC: The exit conference was held on December 20, 2016.
Scored 30 Exceptional on the QA Survey, was a 4 Star agency in 2015.
19 Waiver Reviews were completed.

West Region:

Quality Support Coordination of TN – Support Coordination provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/5/16.

- The agency supported seven people who were included in the 2016 random sample of HCBS waiver reviews.
- The provider was a 4 Star provider in 2015; the 2014 score also was 30 of 30/Exceptional Performance.
- No indicator was scored “no”; no concerns were identified.

Tennessee Community Services Agency – Support Coordination provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/6/16.

- The agency supported five people who were included in the 2016 random sample of HCBS waiver reviews.
- The provider was a 4 Star provider in 2015; the 2014 score also was 30 of 30/Exceptional Performance.
- No indicator was scored “no”; no concerns were identified.

Engstrom/Community Connections – Support Coordination provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/5/16.

- The agency supported 16 people who were included in the 2016 random sample of HCBS waiver reviews.
- The provider’s scores were the same as in their 2015 survey.
- No indicator was scored “no”; no concerns were identified.

Neighborhood Network – ISC provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/12/16.

- The agency supported 55 people who were included in the 2016 random sample of HCBS waiver reviews.
- The provider’s Domain scores were the same as in their 2015 survey.
- The agency needs to ensure:
 - Criminal background checks are completed by a company which has a current license.
 - Felony Offender and Sex Offender registry checks include the date of the check as well as the name of the employee. A sanction warning for personnel practices was sent 12/30/16.

Quality Care Support Coordination of West TN – ISC provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/12/16.

- The agency supported 2 people who were included in the 2016 random sample of HCBS waiver reviews.
- The provider’s scores were the same as in their 2015 survey.
- No indicator was scored “no”; no concerns were identified.

Compass Coordination – ISC provider scored 30 of 30/Exceptional Performance on the QA survey exited 12/12/16.

- The agency supported 34 people who were included in the 2016 random sample of HCBS waiver reviews.
- The provider’s scores were the same as in their 2015 survey.
- No indicator was scored “no”; no concerns were identified.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers :Providers reviewed: East- no reviews; Middle- Creative Minds Behavior Services; West- Behavioral and Counseling Services.

Middle Region:

Creative Minds Behavior Services- Scored 34 Proficient

First full survey

Domain 3 scored Partial Compliance due to the lack of a system to complete OIG checks and none were completed.

West Region:

Behavioral & Counseling Services – Behavior provider scored 34 of 36/Proficient on the QA survey exited 12/19/16.

- Compared to their 2015 survey results, this is a 4-point increase in compliance (30-Fair in 2015) related to improvements identified in Domains 2 (MC-PC), 4 (PC-SC) and 9 (PC-SC).
- The agency needs to ensure:
 - CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review. Some issues were repeated from the previous survey.

Nursing Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- Eagle Medical Staffing.

West Region:

Eagle Medical Staffing – Nursing provider scored 38 of 42/Proficient on the QA survey exited 12/14/16. The agency current provides Nursing services to one person.

- Compared to their 2016 survey results, this is a 12-point increase in compliance (26/36-Fair in 2015) related to improvements identified in Domains 2 (PC-SC), 3 (PC-PC), 6 (NA-SC), 9 (MC-PC) and 10 (PC-SC. The agency needs to ensure:
 - Nursing Monthly reviews include all required components
 - Background and registry checks are completed timely and background checks are of sufficient scope (statewide). A \$500/staff x 2 staff sanction for personnel practices was sent 12/30/16.
 - New staff training is completed timely. This issue has been noted in all surveys since 2012. A \$500/staff x 1 staff sanction for staff training was sent 12/30/16.

Therapy Providers:

Providers reviewed: East- Dynamic Dietetics, Summit View Health Services; Middle- Devrai Corporation, Karen Nelson; West- no reviews.

East Region:

Dynamic Dietetics: The 2016 QA survey resulted in the agency receiving a score of 36. This places them in the exceptional range of performance. This is the same survey score that they received in 2014. Dynamic Dietetics was designated a 4-star agency in 2015.

Summit View Health Services, LLC: The 2016 QA survey resulted in the agency receiving a score of 32. This places them in the proficient range of performance. Compared to their 2015 survey results, this is a 2-point decrease in compliance (34-Proficient in 2014). This decrease in compliance was specific to issues identified in Domain 9 (SC-PC).

The provider should focus efforts to ensure the following:

- Nutrition assessments include all required elements.
- Nutrition services are implemented in a timely manner (This is a repeat issue – indicator 2.B.2).
- Contact notes contain all DIDD required elements.
- The self-assessment process includes the examination of trends related to internal assessment findings.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.
- Verification of professional licenses for current employees are completed.

A Sanction Warning letter is forthcoming regarding New Hire Staff Qualifications.

Middle Region:

Karen Nelson- O & M: The agency declined an exit conference. This is an independent provider.

- Scored 34 Proficient on the QA Survey, was a 4 Star agency in 2015.
- Domain 2 scored Partial Compliance.
- Domain 2: There was no documentation of the date the Monthly Progress notes were submitted to the ISC for two people reviewed, the clinician recommended canes however resolution was not documented, one Plan of Care was not revised as needed, nor were the goals updated after a new Plan of Care was written.
- Domain 10: Minor recoupment issues were noted for failure to document units billed.

Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

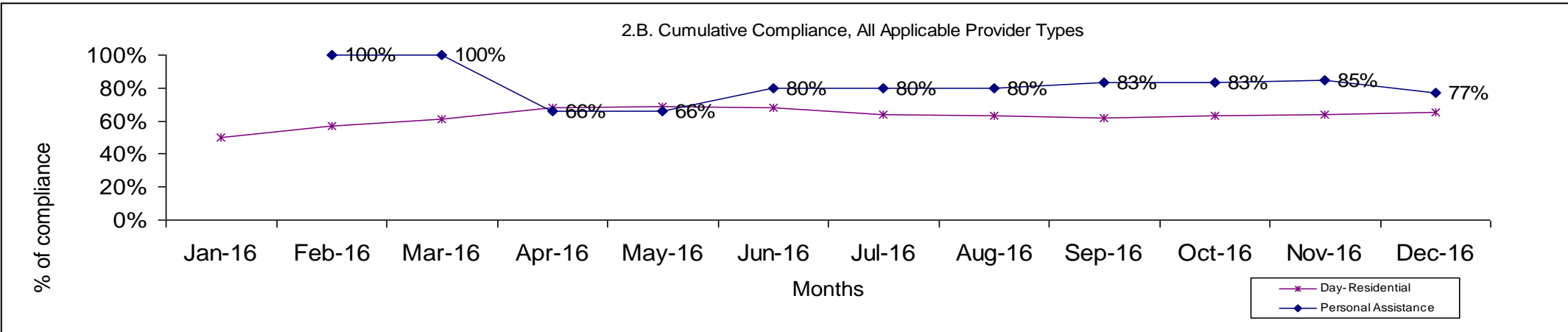
Special Reviews:

Current Month:

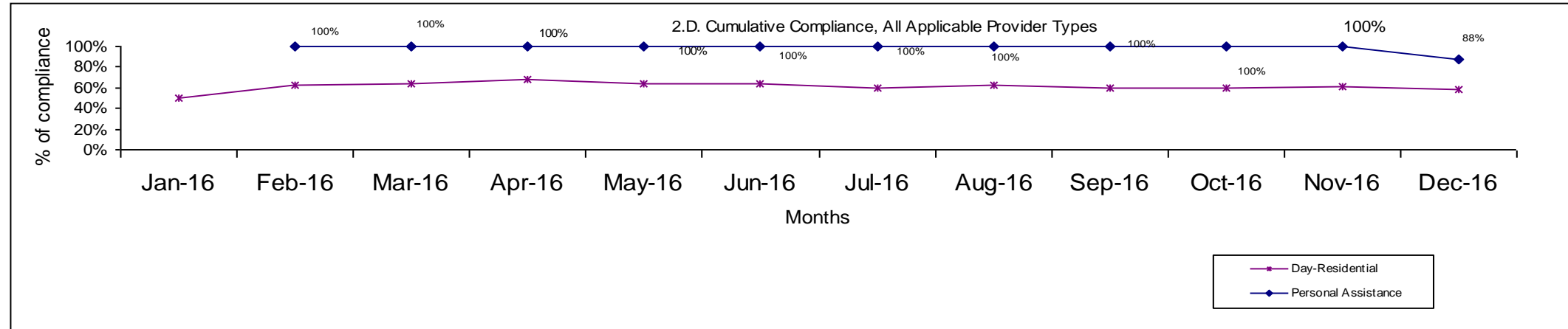
Domain 2, Outcome B (Services and Supports are provided according to the person’s plan.)
Domain 2, Outcome D (The person’s plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	73%	40%
Personal Assistance	50	50

Cumulative Data:



Cumulative Data:

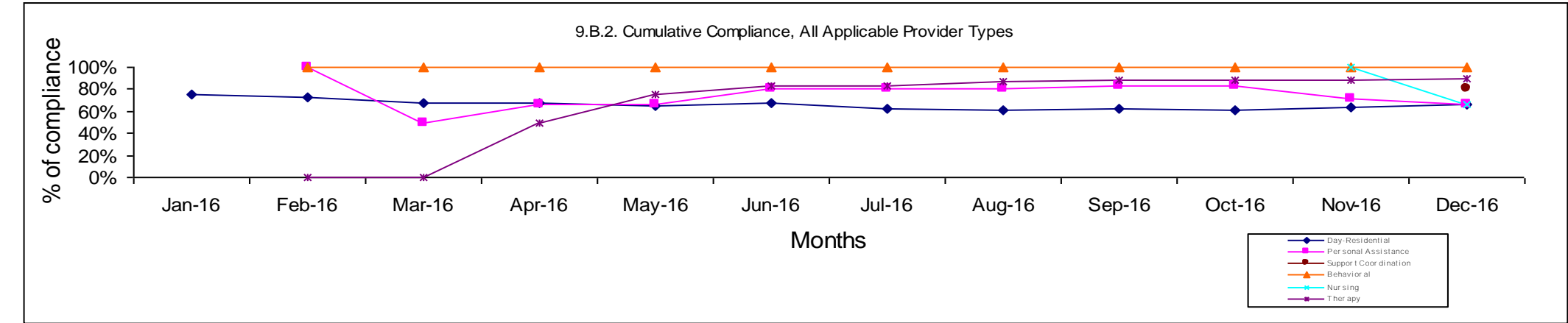


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	100%
Personal Assistance	50%
Support Coordination	81%
Behavioral	100%
Nursing	0%
Therapy	100

Cumulative Data:



F **Provider Qualifications / Monitoring (IL.H., IL.K.) Personal Funds**

Data Source:
Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - East												
# of Individual Personal Funds Accounts Reviewed	5	14	25	25	18	20	29	20	18	24	20	9
# of Individual Personal Funds Accounts Fully Accounted For	4	7	23	22	12	15	21	15	10	16	9	8
# of Personal Funds Accounts Found Deficient	1	7	2	3	6	5	8	5	8	8	11	1
% of Personal Funds Fully Accounted for	80%	50%	92%	88%	67%	75%	72%	75%	56%	67%	45%	89%
% of Personal Funds Found Deficient	20%	50%	8%	12%	33%	25%	28%	25%	44%	33%	55%	11%

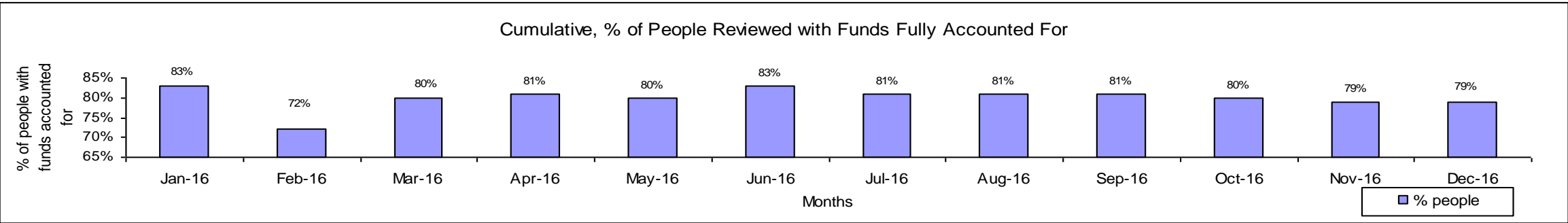
	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - Middle												
# of Individual Personal Funds Accounts Reviewed		18	27	24	23	25	28	18	18	19	24	25
# of Individual Personal Funds Accounts Fully Accounted For		12	23	20	17	25	25	12	15	10	18	20
# of Personal Funds Accounts Found Deficient		6	4	4	6	0	3	6	3	9	6	5
% of Personal Funds Fully Accounted for		67%	85%	83%	74%	100%	89%	67%	83%	53%	75%	80%
% of Personal Funds Found Deficient		33%	15%	17%	26%	0%	11%	33%	17%	47%	25%	20%

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - West												
# of Individual Personal Funds Accounts Reviewed		12	6	15	22	16	19	4	31	13	10	4
# of Individual Personal Funds Accounts Fully Accounted For		12	4	12	20	16	12	4	31	13	10	4
# of Personal Funds Accounts Found Deficient		0	2	3	2	0	7	0	0	0	0	0
% of Personal Funds Fully Accounted for		100%	67%	80%	91%	100%	63%	100%	100%	100%	100%	100%
% of Personal Funds Found Deficient		0%	33%	20%	9%	0%	37%	0%	0%	0%	0%	0%

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Personal Funds - Statewide												
# of Individual Personal Funds Accounts Reviewed		44	58	64	63	61	76	42	67	56	54	38
# of Individual Personal Funds Accounts Fully Accounted For		31	50	54	49	56	58	31	56	39	37	32
# of Personal Funds Accounts Found Deficient		13	8	10	14	5	18	11	11	17	17	6
% of Personal Funds Fully Accounted for		70%	86%	84%	78%	92%	76%	74%	84%	70%	69%	84%
% of Personal Funds Found Deficient		30%	14%	16%	22%	8%	24%	26%	16%	30%	31%	16%

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Cumulative Funds Data												
# of Individual Personal Funds Accounts Reviewed		50	108	172	235	296	372	414	481	537	591	629
# of Individual Personal Funds Accounts Fully Accounted For		36	86	140	189	245	303	334	390	429	466	498
# of Personal Funds Accounts Found Deficient		14	22	32	46	51	69	80	91	108	125	131
% Funds Accounted for, Cumulatively		72%	80%	81%	80%	83%	81%	81%	81%	80%	79%	79%
% Funds Deficient, Cumulatively		28%	20%	19%	20%	17%	19%	19%	19%	20%	21%	21%

Region	% of Personal Funds Fully Accounted For
East	89%
Middle	80%
West	100%
Statewide	84%



Analysis:
The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy. See references under provider summaries above.

Follow-up action taken from previous reporting periods:
The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.